

IMPERIAL VALLEY METHADONE CLINIC  
535 Cesar Chavez Blvd. Calexico, CA 92231  
Phone: (760) 357-6566 Fax (760) 357-0849

November 13, 2008

Honorable Mayor Luis Fuentes  
City of Calexico  
608 Heber Avenue  
Calexico, CA 92231

Dear Honorable Mayor Fuentes:

The Imperial Valley Methadone Clinic is requesting to get on the Joint Powers agenda as an emergency item.

Mayor Fuentes, the agency is experiencing a severe cash flow problem due to the late approval of the State of California Budget. We presented ourselves requesting a donation about 6 months ago; we are now requesting a short term loan with no interest to get us through the year. Our costs are about \$40,000 monthly, so we need \$80,000 to cover November and December, 2008.

I have enclosed a letter of confirmation from the State of California, Department of Fiscal Management and Accountability Branch, which states the monies owed to the Clinic for its services rendered for July through October, 2008, amounting \$ 235,412.52. Due to the lateness of the State budget we are experiencing an extremely difficult financial time.

We need your help, please lend us these monies as a short term loan and we will pay this loan as soon as we receive our monies from the State.

In closing Mayor Fuentes and City Council members, we have approximately 150 patients we treat monthly to become drug free. Our patients and their families need your help. I anxiously await your response.

Respectfully,

  
Norma M. Apodaca, MBA, MSW  
Executive Director

cc: Amalia Katsigeanis, Founder

**DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS**

1700 K STREET  
SACRAMENTO, CA 95811-4037  
TDD (916) 445-1942  
(916) 323-2043

11/8/08



November 6, 2008

Norma M. Apodaca  
Imperial Valley Methadone Clinic  
535 W. Cesar Chavez Boulevard  
Calexico, California 92231

Dear Ms. Apodaca:

This letter is in response to your request for written confirmation of payment for Drug Medi-Cal claims submitted for July – October 2008 to support your loan application. Unfortunately, we cannot send you written confirmation of approved services, because the claims that have been submitted for this time period have not yet been adjudicated by the Department of Health Care Services.

However, we can confirm the amount billed for July 2008 through October 2008 is \$235,412.52. We can also confirm that the Fiscal Year 2007-08 approval rate based on Drug Medi-Cal billing activity is approximately 99.15%.

We hope this information supports your loan application.

Sincerely,

SUSAN L. KING, Manager  
Fiscal Management and Accountability Branch  
Program Services Division



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For energy saving tips, visit the Flex Your Power website at  
<http://www.flexyourpower.ca.gov>

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November 13, 2008

Norma M. Apodaca, M.B.A., M.S.W.  
Executive Program Director  
Imperial Valley Methadone Clinic  
535 West Cesar Chavez Boulevard  
Calexico, CA 92231

Dear Mrs. Apodaca:

It is my pleasure to inform you that Imperial Valley Methadone Clinic has been accredited by CARF for a period of three years for the following programs:

Detoxification: Opioid Treatment Program (Adults)  
Outpatient Treatment: Opioid Treatment Program (Adults)

This accreditation will extend through December 2011. This achievement is an indication of your organization's dedication and commitment to improving the quality of the lives of the persons served. Services, personnel, and documentation clearly indicate an established pattern of practice excellence.

Your organization should take pride in achieving this high level of accreditation. CARF will recognize this accomplishment in its listing of organizations with accreditation, and we encourage you to make this accomplishment known throughout your community. Communication of this award to your referral and funding sources, the media, and local and federal government officials will promote and distinguish your organization. Enclosed are some materials that will help you publicize this achievement.

The survey report is intended to support a continuation of the quality improvement of your programs. It contains comments on your organization's strengths as well as suggestions and recommendations. A quality improvement plan demonstrating your efforts to implement the survey recommendations must be submitted within the next 90 days to retain accreditation. Guidelines and the form for completing the plan are enclosed for your use. Please submit this report to the attention of the customer service unit Administrative Coordinator.

Your Certificate of Accreditation is being sent under separate cover. Please note that you may use the enclosed form to order additional copies of the certificate.

If you have any questions regarding your organization's accreditation, you are encouraged to seek support from a Resource Specialist in your customer service unit by calling extension 146.

**CARF INTERNATIONAL**  
4991 East Grant Road  
Tucson, AZ 85712 USA  
Toll-free/TTY 888 281 6531 ■ Fax 520 318 1129  
[www.carf.org](http://www.carf.org)

**CARF-CCAC**  
1730 Rhode Island Avenue, NW, Suite 209  
Washington, DC 20036 USA  
Toll-free 866 888 1122 ■ Fax 202 587 5009  
[www.carf.org/egog](http://www.carf.org/egog)

**CARF CANADA**  
10885 Jasper Avenue, Suite 1400A  
Edmonton, Alberta T6J 3S9 Canada  
Tel 780 429 2536 ■ Fax 780 426 7274  
[www.carfcanada.ca](http://www.carfcanada.ca)

Mrs. Apodaca

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November 13, 2008

We encourage your organization to continue fully and productively using the CARF standards as part of your ongoing commitment to accreditation. We commend your commitment and consistent efforts to improve the quality of your programs. We look forward to working with your organization in the future.

Sincerely,



Brian J. Boon, Ph.D.  
President/CEO

llp  
Enclosures

**CARF INTERNATIONAL**  
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Tucson, AZ 85712 USA  
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**CARF-CCAC**  
1730 Rhode Island Avenue, NW, Suite 209  
Washington, DC 20036 USA  
Toll-free 888 888 1122 ■ Fax 202 587 5009  
[www.carf.org/agng](http://www.carf.org/agng)

**CARF CANADA**  
10565 Jasper Avenue, Suite 1400A  
Edmonton, Alberta T5J 3S9 Canada  
Tel 780 429 2538 ■ Fax 780 426 7274  
[www.carfcanada.ca](http://www.carfcanada.ca)